STATE	OF CALIF	FORNIA	[TRAVEL EXPENSE CLAIM x Travel							Forward Original and One Copy With All Required Receipts To: Financial Services Branch Accounts Payable Unit, Room 140				
DEPAR SO-27(Rev		F FOOD	AND AGRICULTURE	Training							Accounts	Payable U	nit, Room 14	10	
	t's Name				Out-o	f-State Trip#		urity Number				Page	0	6	
Civil Ser	vice Class		Brown				XXX-XX-XXXX					Page of 1 1			
Under	secreta	rv		Bargaining Unit & Designation Exempt			Branch Name					Telephone Number			
Residenc	e Address	(PO Box	Only is Unacceptable)	LACIIIpt			Executive Office Headquarters Address					916-654-0433			
City				7:-0-1			1220 N								
				Zip Code		City				1	Zip Code				
Month/Year			Location	Per Diem			Sacramento					95814			
April	2009	D					J. C.		T	cansporta	ANNE				
	Time	a t	Where Expenses were Incurred	d Lodging	Breakfast	Lunch	Dinner	Incidental	Cost of y		Private car			Total	
Time	Return	e	(Between What Points)		В	L	D		Trans p	Parting faces	Miles	Amount	Business	Expenses for	
0800 vt Veh Li ate Claim	0 1700 c #	R	Remarks or Details and Explanatio	n of Business E	penditure (Attach Voue	Chers/Receip	ts when requi	red)						
0.550 p tate Veh #															
and by Revolving Fund Cheek #			nference or Cor A 599.635 Apr	enartment Ho	nd or Doolo	Advances for Month				Total Claim					
imbursem	CERTIFY for the off ent rates w	hich exc	above is a new strement of the transs of the State of California. If a many many mate, I certify that	ivel expenses in	ncurred by me	in accordar	nce with DPA te met the red was equal to	nuirements in or exceeded t	SAM, Section 0 he amount clain	754. For mile ned.	nia, and tha				
Accounting Use Only Progra				- 100,000			Signature of Officer Approving Payment					D	ate		
Line		FY	Program %	rogram/Function	on		Object Code		Accounting Use Only			2000			
			100%	7101		0	oject Code		Ai	nount		Non-Tax	xable	Taxable	